



Arctic Slope Telephone Association Cooperative, Inc.  
4300 B Street, Suite 501, Anchorage, AK 99503  
907-563-3989 • 1-800-478-6409 • f: 907-563-1932

December 10, 2014

TAB

Mr. Howard Patkotak, President  
Village of Wainwright  
P.O. Box 143  
Wainwright, AK 99782

Dear Mr. Patkotak;

This letter is intended to help facilitate engagement between Tribal government officials and ASTAC, which provides service on Tribal lands with the use of Universal Service Fund (USF) support. In 2012, ASTAC met with all tribal entities on the North Slope. Based on feedback we received from Tribal leadership, we are amending our process to better collaborate with you.

A number of tribal entities pointed out that ASTAC has an elected Director to our Board representing your community. All Directors receive extensive industry training in telecommunications, meet four times yearly to set direction for the Cooperative and could potentially be a great resource in directing the Cooperative relative to your planning. It was highly suggested that the Director coordinate with you and speak for your tribal entity, engaging the Cooperative management team on your behalf. This would be much more responsive to your evolving needs due to the quarterly standing Board meetings where you could be represented. It would also save the membership a significant amount of money. For instance, in-person tribal engagement in 2012 cost the Cooperative almost \$28,000. Five of the ten tribal entities for the North Slope have adopted this approach in 2013, saving the membership significant money better used to upgrade the network for future offerings.

If this alternative approach makes sense to you, please email me at [steve@astac.net](mailto:steve@astac.net) and confirm your interest in using our Board member as your organization's representative for telecommunications issues, and we will take it from there. Thanks for your consideration of this tailored approach.

Best Regards,

Stephen Merriam, CEO

ASTAC, Serving the North Slope of Alaska since 1980

Tab 5 - Tribal Engagement Telephonic Record NV Atqasuk

Date	Time	Called Number	Person you spoke with	Summary of conversation	Your initials
12/17/2014	10:50am	907-633-2535	number not in service		CC
12/17/2014	4:27pm	907-633-2575	Katherine	She said Della Shugluk is the President and she is out of town	CC
12/18/2014	11:20am	907-633-2330	number out of service	Number I called for Paul last year out of service	CC
12/18/2014	11:24am	907-633-3679	Man answered	Number from phone directory - Paul is out of town	CC
12/18/2014	11:35am	907-633-6422	Herman Kignak	He said Della Shugluk is President of the Native Village of Atqasuk and Magaret is with corp	CC
12/22/2014	11:10	907-633-2575	ring no answer		CC

Tab 5 - Tribal Engagement: Telephonic Record ASNA

Date	Time	Called Number	Person you spoke with	Summary of conversation	Your initials
12/18/2014	11:47am	907-852-4611	Marie Carroll	left voice message for her to call with the idea that I was checking for her reaction to Steve two letters.	CC
12/22/2014	11:54am	907-852-4611	woman forwarded to MC	left voice message again and my call back number	CC

Tab 5 - Tribal Engagement Telephonic Record NV Point Lay

Date	Time	Called Number	Person you spoke with	Summary of conversation	Your initials
12/17/2014	10:38am	907-833-2575	answering machine	left message for Leo Ferreira to call me Said he has my message...told her it was about letters Steve Merriam sent regarding tribal engagement	CC
12/22/2014	11:14am	907-833-2575	Eunis		CC

Tab 5 - Tribal Engagement Telephonic Record ICAS

Date	Time	Called Number	Person you spoke with	Summary of conversation	Your initials
12/22/2014	11 40am	907-852-4227	answering machine	left message and my number for Doreen Lampe	CC

Tab 5 - Tribal Engagement Telephonic Record NV Wainwright

Date	Time	Called Number	Person you spoke with	Summary of conversation	Your initials
12/17/2014	10:43am	907-763-2535	Sonia	She gave me his email address and confirmed he was President of the Native Village of Wainwright - hapattotak@gmail.com I emailed Howard	CC
12/22/2014	11:51am	907-763-2535	answering machine	left message for Howard to call me	CC



TAB 6



**NATIVE VILLAGE OF BARROW  
INUPIAT TRADITIONAL  
GOVERNMENT**

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December 13, 2013

Charles Carpenter  
Arctic Slope Telephone Association Cooperative, Inc.  
4300 B Street Suite 501  
Anchorage, AK 99503

Dear Charlie,

I am writing this letter in response to ASTAC's request that the Native Village of Barrow designate ASTAC's elected board member from Barrow as our representative for telecommunications issues. I do support this alternative approach to tribal engagement as a means of getting the necessary input in the most cost effective manner with representation from the most knowledgeable and qualified member of our community.  
You may contact me at 907-852-4411 if you have any questions.

Cordially,

  
Thomas Olemaun, Executive Director/President

--- TAB 6 ---

**WAINWRIGHT TRADITIONAL COUNCIL**

January 16, 2015

To: Stephen Merriam  
4300 B Street, Suite 501  
Anchorage, AK 99503

RE: Confirmation of WTC Council member to represent the Tribe on behalf of the Wainwright Traditional Council

This letter is to confirm our agreement to have the existing Wainwright representative for ASTAC, also represent the Tribe, as he sits on the Wainwright traditional council as a member.

If you have any questions or concerns, please contact our office at the phone numbers below or via email.

Thank you,

  
\_\_\_\_\_  
Howard Patkotak  
WTC President

PO BOX 143 \* 121/2 AIRPORT ROAD \* WAINWRIGHT, ALASKA 99782  
PHONE: (907)763-2575 \* FAX: (907)763-2576  
Veronica.morales@inuplatgov.com



**ANCHORAGE OFFICE**  
4900 B Street, Suite 501  
Anchorage, Alaska 99503  
1-800-478-6409  
Fax: 907-563-3394



**BARROW OFFICE**  
1078 Klogak Street  
Barrow, Alaska 99723  
907-852-7100  
Fax: 907-852-0006

### LIFELINE AND LINKUP ASSISTANCE APPLICATION

Annual Certification Is Required

Check applying for: ☐ Local Service Assistance OR ☐ Wireless Service Assistance

**Verify your Eligibility:**

1. Complete Section A: Personal Information
2. Complete Section B OR Section C (not both)
3. Complete Section D: Initial, Sign, and Date
4. Attach a copy of your documents to support your eligibility
5. Return Application and Documents to ASTAC 4900 B St, Suite 501, Anchorage, AK 99503 / Fax: 907-563-3394 or 907-852-0006

**A. PERSONAL INFORMATION**

The person applying for Lifeline service **MUST BE** the same person who qualifies for the Lifeline benefit AND listed on the telephone bill.

CUSTOMER FIRST AND LAST NAME	
MAILING ADDRESS City, State, Zip Code	
"Main" Lifeline Telephone Number	
PHYSICAL ADDRESS City, State, Zip Code (NOT PO Box)	

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
(Required)      mm      dd      yyyy

☐ Check here if service address is temporary

Social Security Number: \_\_\_\_\_  
(Required)

**Tribal Lifeline:** Single party, voice grade access to the public switched network, access to emergency services, access to operator services, access to interexchange services (unless toll blocking is chosen), access to directory assistance, and toll blocking (if requested).

**Tribal Link Up:** Includes any standard charges imposed on qualifying low-income individuals on Tribal Lands as a condition of initiating service, including both line extension and initial connection charges. The customer will receive assistance for 100% of connection fees up to \$100.00. This is the maximum federal assistance available. The supported services under this section do not include charges assessed for facilities or equipment that fall on the customer's side of the demarcation point, i.e. customer premises equipment and inside wiring charges. Any additional installation charges or line extension charges will be the responsibility of the customer. Expanded Link-Up Service assistance shall be provided a subsequent time only for a principal residence with a different address than the residence where Expanded Link-Up Service was previously provided.

Check applying for: ☐ Tribal Lifeline (monthly recurring charge) ☐ Tribal Link Up (installation charges)

DATE OF REVIEW	
ASTAC CSR:	
Proof of Eligibility Received and Effective Date(s):	
Date:	

**B. PROGRAM-BASED ELIGIBILITY**

Check all program(s) in which you or a member of your household is currently enrolled. **YOU MUST PROVIDE PROOF OF PROGRAM PARTICIPATION.** This could include a copy of your benefit ID card, a copy of an eligibility letter from an authorized agency or prior year's statement of benefits. (Do not send original documents.)

<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> E1 - <u>Medicaid</u></div><div><input type="checkbox"/> E2 - <u>Supplemental Nutrition Assistance Program (Food Stamps or SNAP)</u></div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> E3 - <u>Supplemental Security Income (SSI)</u></div><div><input type="checkbox"/> E4 - <u>Federal Public Housing Assistance (Section 8)</u></div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> E5 - <u>Low-Income Home Energy Assistance Program (LIHEAP)</u></div><div><input type="checkbox"/> E6 - <u>Temporary Assistance to Needy Families (TANF)</u></div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> E7 - <u>National School Lunch Program's Free Lunch Program</u></div><div><input type="checkbox"/> E8 - <u>Bureau of Indian Affairs (BIA) General Assistance</u></div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> E9 - <u>Tribally administered Temporary Assistance to Needy Families (TTANF)</u></div><div><input type="checkbox"/> E11 - <u>Head Start (income based criteria only)</u></div></div> <div style="margin-top: 20px;"><p>(Documentation will NOT be returned and proof will be shredded)</p></div>	<div>E12 - State Assistance Programs (If Applicable)</div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Alaska Adult Public Assistance</div><div><input type="checkbox"/> Alaska Heating Assistance Program</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Alaska Public Housing</div><div><input type="checkbox"/> Alaska Senior Care</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Alaska Temporary Assistance Program (ATAP)</div><div><input type="checkbox"/> Child Care Assistance (PASS I, II, III)</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Denali Kid Care</div><div><input type="checkbox"/> Pioneer Home Payment Assistance</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Sr. Citizen Housing Development Fund</div><div><input type="checkbox"/> E13 - Eligibility Based on Income (see Section C)</div></div> <div>E14 - Program Eligibility Approved by State Administrator</div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Home Investment Partnership Program ("HOME")</div><div><input type="checkbox"/> Interest Rate Reduction for Low Income Borrowers</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Low Income Housing Tax Credit Program</div><div><input type="checkbox"/> VA Disability Pension</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> WIC - Women Infants and Children Program</div></div>
<b>IF THE PARENT QUALIFIES FOR THE BENEFITS DUE TO A MINOR CHILD, THEN MINORS' INFO IS NEEDED AS THE "BENEFITS QUALIFYING PERSON"</b>	
Minor's First and Last Name	Date of Birth
	Last 4 Digits of Social Security Number

**C. INCOME-BASED ELIGIBILITY**

Calculate **TOTAL** household income by reporting the income of all adult persons residing in your home in the appropriate category:

Income Source	Amount	2015 POVERTY GUIDELINES FOR ALASKA	
Prior year's State, Federal or Tribal tax return OR		Persons in family/household	Poverty guideline
Social Security; Retirement Income		1	\$14,720
Alimony or Child Support		2	19,920
Wages		3	25,120
Bureau of Indian Affairs General Assistance		4	30,320
Unemployment; Worker's Compensation		5	35,520
		6	40,720
		7	45,920
		8	51,120
<b>TOTAL:</b>		For families/households with more than 8 persons, add \$3,200 for each additional person.	

You must attach proof of income as reported above, examples include:

▪ Prior year's State, Federal or Tribal tax return OR  
Most recent statement from each type of current income source(s) noted above:

▪ Unemployment/Worker's Compensation statement of benefits

▪ Three consecutive months' worth of your most current pay stubs from all employers

▪ Child Support documentation

▪ Social Security statement of benefits

▪ Federal or Tribal notice letter of participation in Bureau of Indian Affairs General Assistance OR

▪ Veterans Administration statement of benefits

▪ Divorce Decree

▪ Retirement/Pension statement of benefits

**D. SIGNATURE (This section must be filled out completely)**

Please read the following statements, initial by each sentence, and sign below. [Disclosure Statement: Perjury and false statements are punishable by fine and/or imprisonment under Title 18 of the U.S. Code.]

By signing below, I certify under penalty of perjury, to each and every one of the following:

- ☐ 1. I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. Section 54.409. I have provided documentation of eligibility;
- ☐ 2. I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- ☐ 3. If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in 47 C.F.R. Section 54.400(e);
- ☐ 4. If I move to a new address, I will provide that new address to the telephone company within 30 days;
- ☐ 5. If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;
- ☐ 6. My household will receive only one (1) Lifeline service, and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- ☐ 7. I acknowledge that I will be required to re-certify my continued eligibility for Lifeline annually, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. Section 54.405(e)(4);
- ☐ 8. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- ☐ 9. The information contained in the application and certification form is true and correct to the best of my knowledge.
- ☐ 10. I acknowledge that information from this certification will be given to USAC and/or its agents for purpose of verifying that my household does not receive more than one benefit.
- ☐ 11. I acknowledge that Lifeline Service is Non-Transferable.



Do you or does anyone in your household have any disabilities that may inhibit access to service offerings?

If yes, please explain: \_\_\_\_\_

X \_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Printed Name



#### **54.313 Lifeline customers MOU and additional toll charges**

Lifeline subscribers receive the same residential service as a regular subscriber, but at a reduced monthly recurring rate. Thus, lifeline subscribers have an unlimited number of local calling minutes. As for toll, lifeline subscribers, similar to every Arctic Slope Telephone Association Cooperative, Inc. subscriber, are free to choose their own toll usage plans through IXC's that serve Arctic Slope Telephone Association Cooperative, Inc.



Arctic Slope Telephone Association Cooperative, Inc.  
4300 B Street, Suite 501, Anchorage, AK 99503  
907-563-3989 • 1-800-478-6409 • 1-907-563-1932

Date: July 1, 2015

Ms. Mariens H. Dortch  
Secretary  
Federal Communications Commission  
9300 East Hampton Drive  
Capitol Heights, MD 20743

Re: WC Docket No. 14-88, 2015 Annual Report, Form 481 for High-Cost Recipient 54,313(f)(1)  
"Milestone Certification"

Dear Ms. Dortch:

In compliance with the filing requirements associated with, and attached to Form 481, we wish to advise the Commission that Arctic Slope Telephone Association Cooperative, Inc. provides High Speed Internet service to its customers which:

- Has taken reasonable steps to provide upon reasonable request broadband service at actual speeds of 4 Mbps downstream/1 Mbps upstream in those areas with sufficient terrestrial backhaul; otherwise at the 1M download/256k upload non-terrestrial speed as clarified in the Commission's Third Order on Reconsideration;
- In those areas with terrestrial backhaul, provides latency suitable for real-time applications including VoIP and usage capacity which is reasonably comparable to those in urban areas and;
- That reasonable requests for service are met within a reasonable timeframe.

If there are questions, I may be contacted at 907-564-2680.

Sincerely,

Clover McNeil  
Chief Financial Officer  
Arctic Slope Telephone Association Cooperative, Inc.  
4300 B Street, Suite 501  
Anchorage, AK 99503  
[clover@astac.net](mailto:clover@astac.net)

**ANCHOR INSTITUTIONS WITHIN ARCTIC SLOPE TELEPHONE ASSOCIATION  
COOPERATIVE, INC. TERRITORY**

Access to broadband services was available prior to 2014 to all known anchor institutions. All requests for broadband services, and speed, were fulfilled in 2014. Arctic Slope Telephone Association Cooperative, Inc. continues to monitor customer demand and technological innovation, planning to size its network in anticipation of requests for higher speed broadband services.



## Page 1

<p>1998) examining factors that influence the role of family support.</p> <p><b>Background:</b> Data collected from</p> <p><b>Methods:</b></p> <p><b>Results:</b></p> <p><b>Conclusions:</b></p>	<p>doi:10.1186/1745-6215-10-107</p> <p>Cite this article as: <a href="#">Gardner et al.: The role of family support in the lives of young adults with intellectual disability. <i>BMC Psychiatry</i> 2011 <b>11</b>:107.</a></p> <p>Published: 20 May 2011</p>
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**0000-Contact Email Address:** Email Address of person identified in data the 0000

**Filed as subsidiary of expired consolidated company**

**CERTIFICATION**  
 We hereby certify that the entries in this report are in accordance with the accounts and other records of this system and reflect the status of the system to the best of our knowledge and belief.  
6/2/15

*Clover Mobile*

Signature

Date

Page

PART A - BALANCE SHEET					
ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
1. Cash and Cash Equivalents			25. Accounts Payable		
2. Cash/UA Contingency Fund			26. Notes Payable		
3. Accounts Receivable			27. Advances, Billings and Payments		
a. Telephone Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Liab: UT Debt		
4. Notes Receivable			30. Current Liab: L/T Debt-Rev. Div.		
5. Non-Accounts Receivable			31. Current Liab-Capital Leases		
a. Telephone Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
6. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
7. Marketable Securities			<b>LONG-TERM DEBT</b>		
8. Prepayments			36. Funded Debt-Rev. Notes		
9. Other Current Assets			37. Funded Debt-UTG Notes		
10. Total Current Assets (1 thru 9)			38. Funded Debt-PPG Notes		
			39. Funded Debt-Other		
			40. Funded Debt-Financial Institution Loan		
<b>NON-CURRENT ASSETS</b>			41. Premiums/Discounts on L/T Debt		
1. Investment in Affiliated Companies			42. Redeemed Debt		
a. Rural Development			43. Obligations Under Capital Leases		
b. Nonrural Development			44. Adv. from Affiliated Companies		
2. Other Investments			45. Other Loans/Term Debt		
a. Rural Development			46. Total Long-Term Debt (40 thru 45)		
b. Nonrural Development			<b>OTHER LIAB. &amp; DEF. CREDITS</b>		
3. Noncurrent Intangible Assets			47. Other Long-Term Liabilities		
4. Other Noncurrent Assets			48. Other Deferred Credits		
5. Deferred Charges			49. Other Audited/Unaudited Differences		
6. Audited/Unaudited Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
7. Total Noncurrent Assets (1 thru 6)			<b>EQUITY</b>		
			51. Cum. Stock Outstanding & Subscribed		
<b>PLANT, PROPERTY, AND EQUIPMENT</b>			52. Additional Paid-in Capital		
1. Telephone Plant & Equipment			53. Treasury Stock		
2. Property Held for Future Use			54. Memberships and Gen. Contributions		
3. Plant Under Construction			55. Other Capital		
4. Plant Add., Repairs, Plant & Equipment			56. Patented Capital Stock		
5. Less Accumulated Depreciation			57. Retained Earnings or Surplus		
6. Net Plant (10 thru 24 less 5)			58. Total Equity (51 thru 57)		
7. TOTAL ASSETS (10+17+20)			59. TOTAL LIABILITIES AND EQUITY (35+46+58)		

# **REDACTED FOR PUBLIC INSPECTION**

Page 2

<Q10> Study Area Code \_\_\_\_\_  
 <Q11> Study Area Name \_\_\_\_\_  
 <Q12> Program Year \_\_\_\_\_  
 <Q13> Contact Name - Person USAC should contact regarding this data \_\_\_\_\_  
 <Q14> Contact Telephone Number - Number of person identified in data line <Q13> \_\_\_\_\_  
 <Q15> Contact Email Address - Email Address of person identified in data line <Q13> \_\_\_\_\_

PART 6. STATEMENTS OF INCOME AND RETAINED EARNINGS OR EARNINGS		
ITEM	PREVIOUS YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Unavailable Revenues		
7. Net Operating Revenues (1 thru 6 less 8)		
8. Plant Specific Operations Expenses		
9. Plant Non-specific Operations Expenses (Including Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expenses		
13. Corporate Operations Expenses		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margin (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margin (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expenses		
25. Allowances for Funds Used During Construction		
26. Total Fund Charges (22+23+24+25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonrecruited Net Income		
31. Total Net Income or Margin (21+27+28+29-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margin End of Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Dividends Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margin end of Period (33+34+35+36+37+38)		
40. Patronage Capital Beginning of Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End of Year (39+41-42)		
44. Annual Debt Service Payments		
45. Cash Rollo (31+43-44-41/7)		
46. Operating Assets Ratio ((31+43+26)/7)		
47. TIER ((31+43)/46)		
48. CSCR ((31+43+44)/46)		



4000 Study Area Code	
4000 Study Area Name	
4010 Program Year	
4010 Contract Name - Person USAC should contact regarding this data	
4010 Contract Telephone Number - Number of person identified in data line 4010	
4010 Contract Email Address - Email Address of person identified in data line 4010	

  

PART C. STATEMENTS OF CASH FLOWS	
CASH FLOWS FROM OPERATING ACTIVITIES	
1. Beginning Cash (Cash and Equivalents plus 2015 Construction Fund)	
2. Net Income	Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities
3. Add: Depreciation	
4. Add: Amortization	
5. Other (Expain)	Nonregulated Activity, Reconciling to Audited Financials
6. Decrease/(Increase) in Accounts Receivable	Changes in Operating Assets and Liabilities
7. Decrease/(Increase) in Inventory	
8. Decrease/(Increase) in Prepayments and Deferred Charges	
9. Decrease/(Increase) in Other Current Assets	
10. Increase/(Decrease) in Accounts Payable	
11. Increase/(Decrease) in Advance Billings & Payables	
12. Increase/(Decrease) in Other Current Liabilities	
13. Net Cash Provided/(Used) by Operations	
CASH FLOWS FROM FINANCING ACTIVITIES	
14. Decrease/(Increase) in Notes Receivable	
15. Increase/(Decrease) in Notes Payable	
16. Increase/(Decrease) in Customer Deposits	
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18. Increase/(Decrease) in Other Liabilities & Deferred Credits	
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Contributions & Other Capital	
20. Less: Payment of Dividends	
21. Less: Purchase Capital Credits Refund	
22. Other (Expain)	Nonregulated Activity, Reconciling to Audited Financials
23. Net Cash Provided/(Used) by Financing Activities	
CASH FLOWS FROM INVESTING ACTIVITIES	
24. Net Capital Expenditures (Property, Plant & Equipment)	
25. Other Long-Term Investments	
26. Other Noncurrent Assets & Jurisdictional Differences	
27. Other (Expain)	Nonregulated Activity, Reconciling to Audited Financials
28. Net Cash Provided/(Used) by Investing Activities	
29. Net Increase/(Decrease) in Cash	
30. Ending Cash	

**MOSS ADAMS LLP**

Certified Public Accountants Business Consultants

## REPORT OF INDEPENDENT AUDITORS

Board of Directors  
Arctic Slope Telephone  
Association Cooperative, Inc.

### Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Arctic Slope Telephone Association Cooperative, Inc. (Cooperative) and its subsidiaries, which comprise the consolidated balance sheets as of December 31, 2014 and 2013, and the related consolidated statements of income, comprehensive income, members' equity, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate for the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.



**REPORT OF INDEPENDENT AUDITORS**  
**(continued)**

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Arctic Slope Telephone Association Cooperative, Inc. and its subsidiaries as of December 31, 2014 and 2013, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**MOSS ADAMS LLP**

Spokane, Washington  
February 19, 2015